MAXIMUS Federal Services

Case Number:	CM15-0201215		
Date Assigned:	10/16/2015	Date of Injury:	01/26/2011
Decision Date:	11/24/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Ohio, West Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 41 year old male who sustained an industrial injury January 26, 2011. Diagnoses are spasm; degeneration of lumbosacral intervertebral disc; degeneration of cervical intervertebral disc; chronic pain syndrome. According to a treating physician's office notes dated September 28, 2015, the injured worker presented with complaints of pain all over. He completed one day of a functional restoration program but did not finish due to spasms and a rapid heart rate (not specified). He denies chest pain or dysrhythmias and noted weight loss (not specified). He also reports doing a little home exercise consisting of stretching and continues to have difficulties with activities of daily living (unspecified) due to tingling. He has taken Gabapentin and Soma but found to be ineffective. Objective findings included; gait-shuffling, ambulates with a cane, forward flexed body posture. The physician documented he discussed the inconsistent urine drug test results and Norco (since at least April 14, 2015) is being reduced to weaning. He continues with Nortriptyline and Flexeril. CURES showed he received 12 tablets of Norco from an emergency room due to an unrelated injury a few months ago. He has gastrointestinal difficulties and searching for a specialist for referral. At issue, is the request for authorization for Norco. A toxicology report dated July 21, 2015 is present in the medical record and detected for marijuana metabolite and tricyclic antidepressants screen but no corresponding prescriptions provided. According to utilization review dated October 7, 2015, the request for Norco 10-325mg #45 with no refills is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg, #45 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, pain treatment agreement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic) Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain “except for short use for severe cases, not to exceed 2 weeks.” The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. In fact the available medical record would seem to indicate that there is no improvement in the IW's condition following the initiation of use of this opioid. Lastly, there is a noted inconsistency involving urine drug testing. As such, the request for Norco 325/10mg #45 is deemed not medically necessary.